

COMPLETE INFORMATION BELOW – PLEASE PRINT

					Date of Birth			Social Security Number				
					Month	Day	Year					
LAST NAME				FIRST NAME				MIDDLE INITIAL		SUFFIX		
CURRENT RESIDENTIAL ADDRESS REQUIRED (Street address or Route <u>and</u> P.O. Box)						CITY			STATE		ZIP CODE	
CURRENT MAILING ADDRESS (If different from residential address)						CITY			STATE		ZIP CODE	
COUNTY NUMBER	GENDER	HEIGHT		WEIGHT	EYE COLOR	HAIR COLOR	RACE					
		FT.	IN.									
	<input type="checkbox"/> M <input type="checkbox"/> F						<input type="checkbox"/> BLACK <input type="checkbox"/> AMERICAN INDIAN <input type="checkbox"/> OTHER <input type="checkbox"/> WHITE <input type="checkbox"/> ASIAN OR PACIFIC ISL. <input type="checkbox"/> HISPANIC					

For the purposes of complying with Neb. Rev. Stat. 60-484.04, I attest:
I am a citizen of the United States..... __Yes __No

OR

I am not a citizen of the United States, but do have lawful status and agree to provide valid documentary evidence of such as outlined in 60-484.04..... __Yes __No

Please answer questions A1 AND A2.

- A1. I hereby certify that the commercial motor vehicle in which I take any driving skills examination is representative of the class of commercial motor vehicle that I operate or expect to operate..... __Yes __No
- A2. I certify that I am not subject to any disqualification under 383.51, that my license is not suspended, revoked or cancelled in this or any other State and that I do not have a driver’s license from more than one State or jurisdiction..... __Yes __No

Choose one of the following categories that apply to you (use chart to assist you in choosing correct category).

- A. **Interstate – Non-Excepted:** Subject to federal medical/vision requirements - must provide DMV with current medical examiner’s certificate (**card – NOT long form**) and keep current with DMV..... __Yes __No
- B. **Interstate – Excepted:** Subject to DMV medical/vision requirements – answer questions #5-#7 below..... __Yes __No
- C. **Intrastate – Non-Excepted:** Subject to federal medical/vision requirements – **NOT** required to provide DMV with current medical examiner’s certificate..... __Yes __No
- D. **Intrastate – Excepted:** Subject to DMV medical/vision requirements – answer questions #5-#7 below..... __Yes __No

Answer question A3 OR A4.

- A3. I certify that I have not held a license (commercial or non-commercial) from any other State in the last ten years..... __Yes __No
- A4. I certify that I have held a license (commercial or non-commercial) from the following State(s) in the last 10 years..... __Yes __No
Please list State(s):
Please list any other names you were known as while holding those license(s):

Please answer the following motor voter/veteran designation/organ and tissue donation questions (answers are optional).

- 1A. Do you wish to register to vote as part of this application process? (You only need to re-register if you have changed your name, address or political party)..... __Yes __No
- 1B. Do you wish to have the word “Veteran” displayed on the front of your license to show that you served in the armed forces of the United States? (To be eligible you must register with the Nebraska Department of Veterans’ Affairs Registry)..... __Yes __No
2. Do you wish to be an organ and tissue donor?..... __Yes __No
3. Do you wish to receive any additional specific information regarding organ and tissue donation?..... __Yes __No
4. Do you wish to donate \$1 to promote the Organ and Tissue Donor Awareness and Education Fund?..... __Yes __No

You must answer the following medical questions if you answered “Yes” to questions B or D above. **DO NOT** answer the following questions if you answered “Yes” to questions A or C above.

5. Have you within the last three months (e.g. due to diabetes, epilepsy, mental illness, head injury, stroke, heart condition, neurological disease, etc.):

A. lost voluntary control or consciousness (date:)..... __Yes __No

B. experienced vertigo or multiple episodes of dizziness or fainting..... __Yes __No

C. disorientation..... __Yes __No

D. seizures (date:)..... __Yes __No

E. impairment of memory, memory loss..... __Yes __No
6. Do you experience any condition which affects your ability to operate a motor vehicle due to loss or impairment of:

A. foot/leg __Yes __No

B. upper body strength..... __Yes __No

C. range of motion/mobility..... __Yes __No

D. hand/arm..... __Yes __No

E. neurological/neuromuscular disease..... __Yes __No
7. Since the issuance of your last license/permit, has your health or medical condition worsened?..... __Yes __No